

843-863-3030

The mission of Berkeley County First Steps (BCFS) is to ensure every child reaches first grade healthy and ready to learn. Your signature on this form grants permission to Berkeley County First Steps to conduct a developmental screening on your child. All information collected on you and your child is confidential, and will be maintained in a secure database that is used for statistical analyses only. The reports generated assist us in the evaluation of First Steps programs. Individual name or identities will never appear in any report for public distribution.

## **Consent for Developmental Screening**

Child's Name:	
Date of Birth:	
Parent/Guardian Name:	
Contact Information:	
developmental screening on my child and understand that should the screening res	give written consent for Berkeley County First Steps to conduct a d to enter the information into confidential aggregate reports. I sults indicate a suspected delay, my child will be referred to BabyNet tand that I have the right to request a full evaluation at any time, ening results.
I would like First Steps to as	ssist me in accessing other potential services.
Parent Signature:	Date:
** Screenings may be conducted in your	home, or at a location of your choice.
Fax to: 843-863-3028 or Mail to: Berke	eley County First Steps, 6215 Murray Dr., Hanahan, SC 29410
Staff Member Administering Screen	ning: